

CALIFORNIA WIC PROGRAM

AAV USER ID REQUEST FORM FOR AUTHORIZED VENDORS

Please check one of the following boxes:

☐ **Additional User ID(s) for Existing Contract** –Complete sections 1, 3, & 4

Indicate the number of additional User ID(s) you are requesting: _____

☐ **Change Vendor Contact Information or Access Code** –Complete sections 1, 2, 3, & 4

1. **Contract ID Number:**

2. User ID(s) and Access Code(s)

Enter New Access Code if changing Current Access Code. Access Code must have 4 numeric digits.

User ID #1: Current Access Code: New Access Code:

User ID #2: Current Access Code: New Access Code:

3. Vendor Contact Information

Complete this section if changing vendor contact information.

First Name:	M Initial:	Last Name:
Telephone #: ()	E-mail:	

4. Vendor Approval

Corporate/LLC Name (if applicable): _____

Signature of Corporate Officer/LLC Member/Partner/Sole Owner:			
Title:		Date:	
Please print First Name:	M Initial:	Last Name:	
Telephone #: ()	Fax #: ()	E-mail:	

Please mail original form to: WIC Supplemental Nutrition Branch – FMIS, 3901 Lennane Drive, Sacramento, CA 95834
Faxes will not be accepted.

(THIS SECTION IS FOR WIC BRANCH USE ONLY)

To be completed by FMIS staff:

Approved by:	Date:	Title:	Unit:
Faxed to TSU by:		Date:	

To be completed by TSU staff:

Processed by:		Date:	
New User ID:	New Access Code:	New Temporary Password:	
If contact information or Access Code changed, check the appropriate box:		<input type="checkbox"/> Contact information changed <input type="checkbox"/> Access Code changed	

To be completed by FMIS staff:

Vendor notified of changes/additional User IDs by:	Date:
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